

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

(CFA-4)
Summary Sheet

| Odminary Sheet | | | |
|------------------------------|--|--|--|
| FILE NUMBER | | | |
| | | | |
| PAGES IN ENTIRE CFA-4 REPORT | | | |
| | | | |

| COMMITTEE INFORMATION | | | | |
|---|----------------------------------|---------------------------|--------------------|--|
| 1. Full Name of Committee (as on Statement of Organization) Check if this is a new name | | | | |
| Laurence Township Democrats | · riamo | | | |
| 2. Acronym or Abbreviated Name (if any) | 3. Committ | tee Telephone Numbe | Г | |
| | |) | | |
| 4. Mailing Address (address where all campaign finance correspondence is received) | Check if this is | a new address | | |
| 6182 Elebury Drive | | | | |
| 5. City, State, ZIP Code | 6. Party Aff | filiation (if applicable) | | |
| Indianapolis IN 46236 | $\bigcup \mathcal{D}_{\epsilon}$ | mocrat | | |
| CANDIDATE INFORMATION (For Candidate's (| Committees | Only) | | |
| 7. Full Name of Candidate (include any nickname) | 8. Party Aff | iliation or If Independe | ent Candidate | |
| | | | | |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) | 10. County | of Residence | | |
| | | | | |
| TYPE OF REPORT | | CONVENTIO | ON CANDIDATES ONLY | |
| 11. Check one: | | Check one: | | |
| Pre-Primary Pre-Election Annual Nomination Other | | Pre-Con | | |
| Final/Disbands Committee (lines 18, 19, and 20 must be '0') Outgoing Treasurer (within 10 days amend Statement of | of Organization) | ☐ Post-Cor | nvention | |
| 12. Reporting Period: | | COLUMN A | COLUMN B | |
| From: Through: | | This Period | Year to Date | |
| 13. Cash on hand and investments at the beginning of this reporting period. | | 0 | | |
| 14. Cash on hand and investments January 1, current year. | | | 0 | |
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) | | | | |
| 15a. Itemized (use Schedule A) | | | | |
| 15b. Unitemized | | 6 | 0 | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| 15c. Add lines 15a and 15b in both columns | | | | |
| 15c. Add lines 15a and 15b in both columns SUBT | | 0 | 0 | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B | TOTAL | 0 | 0 | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES | | 0 | 0 | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) | | O | 0 | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES | | 0 | 0 | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Unitemized | TOTAL | 0 | 0 | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Unitemized 17c. Add lines 17a and 17b in both columns | TOTAL | 0 0 | 0 | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Unitemized 17c. Add lines 17a and 17b in both columns SUB** 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) | TOTAL | O O O O | 0 | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Unitemized 17c. Add lines 17a and 17b in both columns | TOTAL | 0 0 | 0 | |

| | ERTIFICATION | | | | |
|---|--|---------------|--|--|--|
| I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. | | | | | |
| Signature of Treasurer Success | Title | Date 3 (3 0 9 | | | |
| Signature of Candidate (if applicable) | | Date | | | |
| WARNING: Any information contained in this separt may not be see | and the same of th | | | | |

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

Elgabeth of White

MAR 4 6 2009

FILED



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-4) **Summary Sheet**

FILE NUMBER **TOTAL PAGES IN ENTIRE CFA-4 REPORT**

| IS THIS AN AMENDMENT? | | 1 | |
|--|------------------|-----------------------------|---------------------------------------|
| COMMITTEE INFORMATION | 1 | | |
| Full Name of Committee (as on Statement of Organization) Check if this is a new | | | · · · · · · · · · · · · · · · · · · · |
| Lawrence Township Democrats | | | |
| 2. Acronym or Abbreviated Name (if any) | 3. Com | mittee Telephone Numbe | |
| | |) | |
| 4. Mailing Address (address where all campaign finance correspondence is received) | Check if this | s is a new address | |
| 6/82 Elibury Prive | | | |
| 5. City, State, ZIP Code | 6. Party | Affiliation (if applicable) | |
| Indianapolis, FN 46236 | | emocrat | |
| CANDIDATE INFORMATION (For Candidate's (| Committe | es Only) | |
| 7. Full Name of Candidate (include any nickname) | 8. Party | Affiliation or If Independe | ent Candidate |
| 0.000 | | _ . | |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) | 10. Cou | nty of Residence | |
| TYPE OF REPORT | | CONVENTIO | |
| 11. Check one: | | | ON CANDIDATES ONLY |
| Pro Primary Dro Clastica College Colle | | | vention |
| Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend Statement of Organization) | | | |
| 12. Reporting Period: | or organization) | | |
| From: Jan. 1 2008 Through: Dec. 3/ 200 | 8 | COLUMN A This Period | COLUMN B Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. | | O | |
| 14. Cash on hand and investments January 1, current year. | | | 0 |
| CONTRIBUTIONS AND RECEIPTS | | | Ü |
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) | | | |
| 15a. Itemized (use Schedule A) | | C | C |
| 15b. Unitemized | | 0 | 0 |
| | TOTAL | | _ 0 |
| | TOTAL | 0 | \mathcal{O} |
| EXPENDITURES | | | |
| (Note: These amounts include in-kind expenditures and loan repayments.) | | | |
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C) | | \mathcal{O} | 0 |
| 17b. Unitemized | | 0 | C |
| | TOTAL | 0 | O |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) | TOTAL | 0 | |
| 19. Debts OWED BY the committee (use Schedule D) | | 0 | |
| 20. Debts OWED TO the committee (use Schedule E) | | C | |
| CERTIFICATION | | F | OR OFFICE USE ONLY |
| CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS THE | RUE, CORRE | | · |
| SIGNOMES OF TRANSPORT | | | |

| | CERTIFICATION | | | |
|--|-----------------|-------------------------|--|--|
| I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. | | | | |
| Signature of Treasurer Succession | Title Treasurer | Date 3 / 3 / 0 4 | | |
| Signature of Candidate (if applicable) | | Date | | |
| WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly | | | | |

files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)